



Handwritten notes: HSA, DBL, 2-13-04

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that this Response in connection with the below referenced U.S. Patent Application is being deposited with the United States Postal Service, First Class Mail, and is addressed to the Mail Stop Patents Amendment Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Cathryn Terchek
Cathryn Terchek

Date:

February 2 2004

**PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Miyachi et al.
For : **PARTIAL PRINT PROVIDER**
Serial No. : 09/726,233
Filed : November 29, 2000
Group Art Unit : 2626
Examiner : Worku, Negussie
Last Office Action : October 2, 2003
Attorney Docket No. : D/A0600
XERZ 200374

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FEB 12 2004

Technology Center 2600

Cleveland, Ohio 44114-2518

AMENDMENT

Mail Stop Patents – Amendment Fee
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The following is provided in response to the Office Action issued on October 2, 2003, in connection with the above-captioned application. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments being on page 4 of this paper.



AMENDMENT TRANSMITTAL LETTER

Attorney Docket No.: D/A0600
XERZ 2 00374

Ser. No.: 09/726,233	Filed: November 29, 2000	Examiner: WORKU, Negussie
Art Unit: 2626	Title: PARTIAL PRINT PROVIDER	

To the Commissioner for Patents:

Transmitted herewith is an Amendment in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	Claims remaining after amendment		Highest Number Previously Paid For	No. of Extra Claims Present	Rate	Additional Rate
Total Claims	7	Minus	20	0	X 18	\$0.00
Indep. Claims	1	Minus	3	0	X 86	\$0.00
TOTAL					=	\$0.00

- ☒ No additional fee is required.
- ☒ Applicants hereby petition the Commissioner under 37 C.F.R. § 1.136(a) and request a **one-month extension of time** to respond to the outstanding Office Action. Enclosed is a check in the amount of \$110.00 to cover the applicable extension of time fees.
- ☒ Applicants request any extensions of time that may be necessary and authorize the required fees be charged to Deposit Account No. 24-0037.
- ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 24-0037.

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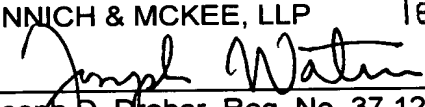
Respectfully submitted,

FEB 12 2004

FAY, SHARPE, FAGAN,
MINNICH & MCKEE, LLP

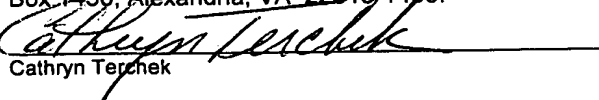
Technology Center 2600

Date: February 2, 2004


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Cathryn Terchek

Date: February 2 2004

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